STATE OF CALIF TRAVEL B STD. 262 (REV. 9	FORNIA - DEPARTMENT OF PERSO EXPENSE CLAIM 9/2007)	NNEL ADMINIS	TRATION	See Ins Stater	structions ment On l	s and *Pri [,] Reverse S	vacy Side			1	of _	. / w + i		
CLAIMANT'S NAME JEFF SHEEHY						SSN or EMPLOYEE NUMBER*					RTMENT			
						DIVIDIO DI				CIRM	CIRM			
POSITION	/RED		CB/ID	No.	i	DIVISION or I COC	BUKEAU					INDEX NO	IVIDER	
ICOC MEMBER RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS 210 KING STREET							TELEPHONE NUMBER 415-396-9100	
CITY STATE ZIP CODE					- 1	SAN FRANCISCO				STATE CA		ZIP CODE 94107		
(1) NORMAL WO	RK HOURS				(2	2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED		
(4) MONTH/YEAR		(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)	
03/11	(6) LOCATION WHERE EXPENSES WERE INCURRED		BREAK- FAST	LUNCH	0.T., L/T, N/C, RELC		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	PRIVA	(D) TE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE TIME 9;01	SF TO BURLINGAME	LODGING	FASI	LUNCH	DINNER			/	PARKING	MILES	AMOUNT			
10							\$45.00	1,			0		45.00	
17 5:00	San Francisco						\$220	D'T	-		0	,	22.00	
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(13)	SUBTOTALS					0	o \$67.0	n		0)	0 0	
COLUMN	CODE (ACCTG. USE ONLY	7))	0	0	U	491.0				Υ		0	
	CLAIM TOTAL	-			200000000000000000000000000000000000000			,			\$	67.00 4		
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) ATTEND ICOC MEETING IN BURLINGAME CA. – March 10, 2011										GENCY AC		OFFICE		
												SE ONLY		
ATTEND	GWG Meeting	San	tranci	Sco -	Marc	n It,	201)			PAID	BY REVOLVI	NG FUND CF	IECK NUMBER	
(15) I HERI	EBY CERTIFY That the above is a tru and if mileage rates exceed the minim Sections 0750_0751_0752_0753_and 0	e statement of t	the travel exp	enses incurr	red by me in	accordance w	vith DPA rules	s in the s	ervice of the State	te of Califo	rnia. If a priv	vately owned	vehicle was escribed by	
used, SAM S CLAI <u>MANT'S S</u>	and it mileage rates exceed the minim Sections 0750 0751 0752 0753 and 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	754 pertaining to	vehicle safe	ty and seat t	celt usage.	SIGNATURE	OF OFFICER	APPRO	VING TRAVEL A	ND PAYMI	ENT [DATE/		
De			3-	15-11	Ø		Ny vocanzi kolony populari	27.07.2.25.45.4		cundlo Mirio Wall (423	3	/23/	/ //	
(17) SPECIAL	EXPENSE AUTHORIZATION - SIGNA	TURE and TITL	E (See Item	17 on revers	e)	/						ATE		
<u>A</u>														